

Name:		DOB: //		
Address:				
Home Phone	Ce	Cell Phone		
Social Security #	<u>En</u>	Email Address:		
Preferred Pharmacy Name, Ad	Idress and Phone number	?		
Insurance Policy Holder Info	ormation_			
Primary Insurance:  Name: DOI Social Security # Phone Number: Relationship to Policy Holder	3: 	Secondary Insurance:  Name: Social Security # Phone Number:	DOB:	
For what proble First noticed wl Severity / Size	em are you seeking care f nen? Rec	or today?Locationent changes	(R/L)	
	-	ian?		
	Medicines: (Dosage and how often)			
		Are you allergic to beta Or Latex? Yes / No		
Do you smoke?	Do you smoke? (How much)		Drugs	
Pics uploaded Rev p/op ins	Rev press 6 after Next Appointme			
Past Surgeries:				

Arthritis Diabetes Kidney Problems HIV/AII Heart Problems Asthma Heart attack Skin Disc Hepatitis Stroke TB Anemia Leg Ulcers Gastric Reflux Stomach Ulcer High Blc Depression Anxiety Bleeding Problem High Chc Lung Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer: (type)  Review of Systems: Have you recently had any of the following? (Circle at Emphysema Thyroid Stomach Ulcer Nig Weathers on one Sei side Respiratory: Trouble breathing Awaking short of Persistent cough Sheather Through Sheather Sheather Through Sheather Sheather Through Sheather Sheather Through Shea								
Arthritis Diabetes Kidney Problems HIV/AII Heart Problems Asthma Heart attack Skin Disc Hepatitis Stroke TB Anemia Leg Ulcers Gastric Reflux Stomach Ulcer High Blc Depression Anxiety Bleeding Problem High Che Lung Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer: (type)  Review of Systems: Have you recently had any of the following? (Circle at September 1) Weight Loss or gain Vold or Flu Fever Vision changes Fainting Weakness on one Side Respiratory: Trouble breathing Awaking short of Persistent cough Show the Company of the Story of Show the Company of the Story of Show the Company of	am:	List number of pregnancies (if applicable): Date of last mammogram:						
Arthritis Diabetes Kidney Problems HIV/AII Heart Problems Asthma Heart attack Skin Disc Hepatitis Stroke TB Anemia Leg Ulcers Gastric Reflux Stomach Ulcer High Blc Depression Anxiety Bleeding Problem High Che Lung Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer: (type)  Review of Systems: Have you recently had any of the following? (Circle as General: Weight Loss or gain Vision changes Fainting Weakness on one Side Respiratory: Trouble breathing Awaking short of Persistent cough She breath Heart: Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Abe Blood in stool Constipation Urology: Trouble passing urine Peeing frequently Peeing with great Pai urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Mtc glands Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Center (what type) Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?		hat amply)	irolo all tha	(places C	vou horro	ical Duchlama v	Max	
Heart Problems Asthma Heart attack Skin Discontinuities Stroke TB Anemia  Leg Ulcers Gastric Reflux Stomach Ulcer High Block Depression Anxiety Bleeding Problem High Chelleng Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer: (type)	IDS			_	ou nave		Med	Arthritis
Hepatitis Stroke TB Anemia  Leg Ulcers Gastric Reflux Stomach Ulcer High Blo Depression Anxiety Bleeding Problem High Che Lung Problems Hernia Emphysema Thyroid  Clotting Problem/DVT Cancer: (type)  Review of Systems: Have you recently had any of the following? (Circle a General: Weight Loss or gain Cold or Flu Fever Nig Vision changes Fainting Weakness on one Sei Respiratory: Trouble breathing Awaking short of Persistent cough She breath  Heart: Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great pain Blood in stool Constipation  Urology: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ulc Endocrine: Excessive thirst or Gold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Covenus History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?			100101115	1110110) 1		2140000		
Leg Ulcers Gastric Reflux Stomach Ulcer High Bloc Depression Anxiety Bleeding Problem High Che Lung Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer :( type)  Review of Systems: Have you recently had any of the following? (Circle a General: Weight Loss or gain Cold or Flu Fever Nig Vision changes Fainting Weakness on one Sei side Respiratory: Trouble breathing Awaking short of Persistent cough She breath Wh Heart: Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation Urology: Trouble passing urine Peeing frequently Peeing with great pain Urology: Trouble passing urine Peeing frequently Peeing with great pain Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ulce Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination Cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Covenous History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	isorders	Skin Disorders	Heart attack			Heart Problems Asthma		
Depression Anxiety Bleeding Problem High Che Lung Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer :( type)  Review of Systems: Have you recently had any of the following? (Circle as General: Weight Loss or gain Cold or Flu Fever Nig Vision changes Fainting Weakness on one Sci side Respiratory: Trouble breathing Awaking short of Persistent cough She breath breath wh Heart: Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation Urology: Trouble passing urine Peeing frequently Peeing with great pain urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Mte glands Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Uk Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination Cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Col  Venous History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	ı	Anemia		TB		Stroke		Hepatitis
Clotting Problems Hernia Emphysema Thyroid Clotting Problem/DVT Cancer: (type)  Review of Systems: Have you recently had any of the following? (Circle a General: Weight Loss or gain Cold or Flu Fever Nig Vision changes Fainting Weakness on one Sei Side  Respiratory: Trouble breathing Awaking short of Persistent cough She breath who hereath Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Muglands  Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety  Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Uke Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Cold  Venous History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	lood Pressure	High Blood Pro	Stomach Ulcer		ıx	lcers Gastric Reflux		Leg Ulcers
Clotting Problem/DVT  Cancer :( type)  Review of Systems: Have you recently had any of the following? (Circle as General:  Weight Loss or gain Cold or Flu Fever Weakness on one side  Respiratory:  Trouble breathing Awaking short of Persistent cough Sheath Weakness on one side  Respiratory:  Trouble breathing Awaking short of Persistent cough Sheath Weakness on one side  Respiratory:  Trouble breathing Awaking short of Persistent cough Sheath Weakness on one side  Respiratory:  Trouble breathing Awaking short of Persistent cough Sheath Weakness on one side  Respiratory:  Trouble breathing Awaking short of Persistent cough Sheath Weakness on one side  Respiratory:  Trouble passing urine Peeing frequently Persistent cough Sheath Weakness on one side  Respiratory:  Trouble passing urine Peeing frequently Persistent cough Sheath Weakness on one side  Respiratory:  Trouble passing urine Peeing frequently Persistent Cough Sheath Weakness on one side  Respiratory:  Respiratory:  Trouble passing urine Peeing frequently Peeing with great Paingency  Musculoskeletal:  Swelling of lymph Back trouble Arthritis Musculoskeletal:  Skin:  Skin trouble Rash Skin cancer Op  Psychological:  Varicose veins Leg Cramping Blood clots in legs Leg Psychological:  Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ukendorine:  Excessive thirst or Feeling too hot / Thyroid problems cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type)  Heart disease Stroke High blood pressure Varicose Veins Cold  Wenous History (Legs): Circle any symptoms that apply.  Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	holesterol	High Cholester	Bleeding Problem			Depression Anxiety		
Review of Systems: Have you recently had any of the following? (Circle as General:  Weight Loss or gain Vision changes Fainting Weakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble pain Arrhythmias Heart attack  GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great pain urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Mt glands  Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety  Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ulc Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type)  Heart disease Stroke High blood pressure Varicose Veins Council Strong Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	d Disease	Thyroid Diseas	Emphysema 7			Lung Problems Hernia		
Review of Systems: Have you recently had any of the following? (Circle as General:  Weight Loss or gain Vision changes Fainting Weakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble breathing Awaking short of breath Wheakness on one side  Respiratory: Trouble pain Arrhythmias Heart attack  GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great pain urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Mt glands  Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety  Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ulc Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type)  Heart disease Stroke High blood pressure Varicose Veins Council Strong Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?			Cancer:(type)			VT	blem/D	Clotting Probl
Weight Loss or gain Vision changes   Fainting   Weakness on one Sei Side			J1 /					C
Weight Loss or gain Vision changes   Fainting   Weakness on one Sei Side	all applicable	o? ( <b>Circle</b> all app	e following?	l any of the	ently had	· Have you rece	Systems	Review of Sys
Respiratory: Trouble breathing Awaking short of breath wh  Heart: Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Muglands  Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety  Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Uk  Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination  Family History: Circle any medical problems that run in your family.  Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins  Venous History (Legs): Circle any symptoms that apply.  Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	Vight sweats							
Respiratory: Trouble breathing   Awaking short of breath   Bheatt   Sheath   Bheatt   Chest pain   Arrhythmias   Heart attack	•	•	Weakness or					General.
Heart: Chest pain Arrhythmias Heart attack GI: Indigestion Vomiting Diarrhea Ab Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Muglands Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety  Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ulc Endocrine: Excessive thirst or realing too hot / Thyroid problems rination cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Color Venous History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	Short of breath	cough Short of b		g short of		ble breathing	Tro	Respiratory:
GI: Indigestion Blood in stool Constipation  Urology: Trouble passing urine Peeing frequently Peeing with great urgency  Musculoskeletal: Swelling of lymph Back trouble Arthritis Muglands  Skin: Skin trouble Rash Skin cancer Op Psychological: Depression Anxiety  Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ukc Endocrine: Excessive thirst or religion too hot / Thyroid problems cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Color Wenous History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	, me ij mg		Heart attack	ımias		st pain	Che	Heart:
Musculoskeletal: Swelling of lymph Back trouble Arthritis Muglands  Skin: Skin trouble Rash Skin cancer Op  Psychological: Depression Anxiety  Varicose veins Leg Cramping Blood clots in legs Leg  Restless legs Feet/Leg Swelling Leg cramps Ulc  Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination cold  Family History: Circle any medical problems that run in your family. Heart disease Stroke High blood pressure Varicose Veins Color Wenous History (Legs): Circle any symptoms that apply.  Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:	Abdominal pain			ng	Vomitin	gestion	Ind	
glands  Skin: Skin trouble Rash Skin cancer Op  Psychological: Depression Anxiety  Vascular: Varicose veins Leg Cramping Blood clots in legs Leg Restless legs Feet/Leg Swelling Leg cramps Ulc  Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination cold  Family History: Circle any medical problems that run in your family. Diabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins Company (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	Pain urinating	h great Pain urina	,	frequently	Peeing f	ble passing urine	Tro	Urology:
Skin:       Skin trouble       Rash       Skin cancer       Op         Psychological:       Depression       Anxiety         Vascular:       Varicose veins       Leg Cramping       Blood clots in legs       Leg         Restless legs       Feet/Leg Swelling       Leg cramps       Ulc         Endocrine:       Excessive thirst or precision too hot / a street or cold       Thyroid problems         Family History: Circle any medical problems that run in your family.         Diabetes       Bleeding/Clotting issues       Cancer (what type)         Heart disease       Stroke       High blood pressure       Varicose Veins         Venous History (Legs): Circle any symptoms that apply.         Pain       Aching       Heaviness       Burning       Itching         Redness       Swelling       Ulceration       Skin discoloration       Other:         What makes your symptoms better?	Muscle pain	Muscle pa	Arthritis	ouble	Back tro			Musculoskeletal:
Psychological:       Depression       Anxiety         Vascular:       Varicose veins       Leg Cramping       Blood clots in legs       Leg         Restless legs       Feet/Leg Swelling       Leg cramps       Ulc         Endocrine:       Excessive thirst or urination       Feeling too hot / Thyroid problems         Family History:       Circle any medical problems that run in your family.         Diabetes       Bleeding/Clotting issues       Cancer (what type)         Heart disease       Stroke       High blood pressure       Varicose Veins       O         Venous History       (Legs):       Circle any symptoms that apply.         Pain       Aching       Heaviness       Burning       Itching         Redness       Swelling       Ulceration       Skin discoloration       Other:         What makes your symptoms better?       What makes your symptoms better?	Open wound	er Open wou	Skin cancer		Rash			Skin:
Vascular:       Varicose veins       Leg Cramping       Blood clots in legs       Leg         Restless legs       Feet/Leg Swelling       Leg cramps       Ulc         Endocrine:       Excessive thirst or unination       Feeling too hot / Thyroid problems urination       Thyroid problems         Family History:       Circle any medical problems that run in your family.       Diabetes       Bleeding/Clotting issues       Cancer (what type)		•				ression	Dep	Psychological:
Restless legs Feet/Leg Swelling Leg cramps Ulc Endocrine: Excessive thirst or Feeling too hot / Thyroid problems urination cold  Family History: Circle any medical problems that run in your family. Fiabetes Bleeding/Clotting issues Cancer (what type) Heart disease Stroke High blood pressure Varicose Veins  Venous History (Legs): Circle any symptoms that apply. Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	eg pain	s in legs Leg pain	Blood clots in	amping	Leg Cra	cose veins	Var	Vascular:
Family History: Circle any medical problems that run in your family.  Tabletes Bleeding/Clotting issues Cancer (what type)  Heart disease Stroke High blood pressure Varicose Veins Company (Legs): Circle any symptoms that apply.  Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?	Ilcers			g Swelling	Feet/Leg	•		
Heart disease Stroke High blood pressure Varicose Veins C  Venous History (Legs): Circle any symptoms that apply.  Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other:		oblems	Thyroid prob	too hot /				Endocrine:
Heart disease Stroke High blood pressure Varicose Veins C  Venous History (Legs): Circle any symptoms that apply.  Pain Aching Heaviness Burning Itching  Redness Swelling Ulceration Skin discoloration Other:  What makes your symptoms better?		nily.						
Pain Aching Heaviness Burning Itching Redness Swelling Ulceration Skin discoloration Other: What makes your symptoms better?	Other:	eins Other:_						
Redness Swelling Ulceration Skin discoloration Other: What makes your symptoms better?								
What makes your symptoms better?	Bleeding							
		Other:	loration	Skin disco	ition	ng Ulcera	Swell	Redness
What makes your symptoms worse?								
Have you ever been treated for varicose/spider veins?								

If so, what type of treatment?
PATIENT AUTHORIZATION  (nitial each paragraph below:
imuai each paragraph below.
*I authorize my insurance benefits to be paid directly to the physician and I am financially responsible for all charges. I hereby consent to the release and re-disclosure of my medical record to enable or facilitate the collection, verification or settlement of my account for any amounts due from me or any third party payor, health maintenance organization, insurer or other health benefit plan. I understand that my health insurance company may deny payment for services. If my health insurance company denies payment, I agree to be personally and fully responsible for payment. I also understand that if my nealth insurance company does make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies.  This consent applies to LMG, PC, or any of its affiliates or agents, lenders, or any third party service acting for LMG, PC, or any of its affiliates.
*I agree to promptly pay for services rendered for me or the patient named above. If I fail to meet my financial commitment to LMG and it becomes necessary to take action to collect my account, I agree to pay all costs and expenses neurred in the collection of my account, including attorney and collection agency fees. I further agree to pay for any missed appointments of which I did not notify the medial office within a reasonable amount of time.
*I understand that if surgery is warranted, the guidelines set by the hospital and anesthesia departments require patients be seen within 30 days of their surgery date. If surgery is scheduled outside of 30 days from an office appointment, I understand will be required to return to the office for an additional evaluation. Standard charges and copayments will apply.
*I authorize LMG to test my blood for hepatitis and/or the AIDS virus, if in their opinion, an employee has suffered an exposure incident as a result of my treatment, as defined by the Occupational Safety and Health Administration.
*I hereby authorize the release of medical information via fax as may be deemed necessary by my physician, with regard to my medical care.
*I agree to allow you to speak to the following family members or acquaintances about my medical care. You may correspond with them either in person, via phone, email or mail.
Loudoun Medical Group Receipt of Notice of privacy practices acknowledgment:  *I,, acknowledge receiving on the below date, a copy of Loudoun medical group's notice
of privacy practices.

Patient/Parent/Authorized Agent or Representative

Patient written name

Signature \_\_



# **Appointment and Cancellation Policy**

Our goal is to provide quality medical care in a timely manner. In order to do so we have had to implement an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care.

## 1. Cancellation of an Appointment

If it is necessary to cancel or reschedule your scheduled appointment, we require that you call by 10 a.m. two (2) working days in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

## **How to Cancel Your Appointment**

To cancel or reschedule appointments please call 703-858-3208. If you do not reach the receptionist, please leave a detailed message on the voice mail.

## 2. No Show Policy

A "no show" is someone who misses an appointment without canceling it by 10 a.m. two (2) working days in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in the patients' chart as a "no show". The following fees apply for patients who "no show":

#### Cosmetic Consultations \$195.00

The patient will be sent a bill alerting them to the fact that they have failed to show up for an appointment and did not can cel the appointment by 10 a.m. two (2) working days in advance. The bill is expected to be paid in a timely manner or it is subject to interest.

I have read and understood Mountcastle Plastic Surgery's appointment and cancellation policy. I agree to the "no show" charges I may be responsible for.

Patient Signature:	Date:	
Witness:		